

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/744772

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0	1			
9		0		2		
10		0		2		
11		0		2		
12		0	1			
13	1			1		
14		1		1		
15		2		1		
16		0		1		
17		0		1		
18		0		1		
19		0	1			
20		0		2		
21		0		2		
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23		0		0		
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TOTAL IND.	4		6			
TOTAL DEP.	23		25			
TOTAL CLAIMS	27		31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS